Inboden Environmental Services, Inc.
IES

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June 12, 2012

Douglas Frasier
VPDES Permit Writer Senior II
VA Department of Environmental Quality
Northern VA Regional Office
13901 Crown Court
Woodbridge, VA 22193

RE: One Stop Trailer Park, Lucketts, VA0074934

Dear Mr. Frasier

Enclosed are two VPDES reissuance applications for the facility noted above. Included in this package are:

Public Notice Billing Information
EPA form 3510-2A Parts A and C
VPDES Permit Application Addendum
VPDES Sewage Sludge Permit Application Form, Pages 1 through 8
Sludge Haul Route
Location Map
Wastewater Treatment Plant Piping Diagram
Sludge Acceptance Request (letter and email)
9 VAC 25-31-530G Request Letter

A copy of the application is being forwarded to the Virginia Department of Health regional office in Culpeper.

If you have any additional questions or comments, please feel free to contact me,

Sincerely,

Arthur W. Nair, P.E.
Environmental Consultant
Inboden Environmental Services, Inc.

CC: Hugh J. Eggborn, PE, Field Director, VDH Culpeper Field Office
Gurcharan S. Lail

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in _____ in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	Gurcharan S. Lail
Owner:	Gurcharan S. Lail
Agent/Department Address:	14425 James Monroe Highway
	Leesburg, VA 20175
	Gurcharan S. Lail
Agent's Telephone No.:	703-777-2446
Printed Name:	Gurcharan S. Lail
Authorizing Agent – Signature:	
Date:	06/01/2012

VPDES Permit No. VA0074934
Facility Name: One Stop Trailer Park

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: One Stop Trailer Park.

Mailing Address: 14425 James Monroe Highway
Leesburg, VA 20175

Contact person: Gurcharan S. Lail

Title: Owner

Telephone number: (703) 777-2446

Facility Address (not P.O. Box): 14425 James Monroe Highway
Leesburg, VA 20175

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name:

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✓ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0074934	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
One Stop Trailer Park	54	Separate	Privite

Total population served 54

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.0062 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.0025	0.0019	0.0028	mgd
c. Maximum daily flow rate	0.0073	0.0056	0.0071	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
Unincorporated Community of Lucketts (City or town, if applicable) — 20175 (Zip Code)
Loudoun (County) — VA (State)
39 deg 13' 19" N (Latitude) — 77 deg 31' 59" W (Longitude)

c. Distance from shore (if applicable): NA ft.

d. Depth below surface (if applicable): NA ft.

e. Average daily flow rate: 0.0062 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water: Unnamed tributary to the Potomac River

b. Name of watershed (if known): Potomac

United States Soil Conservation Service 14-digit watershed code (if known): Not Known

c. Name of State Management/River Basin (if known): Potomac

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Not Know

d. Critical low flow of receiving stream (if applicable):
acute NA cfs chronic NA cfs

e. Total hardness of receiving stream at critical low flow (if applicable): NA mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

____ Advanced ____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	88.5 %
Design SS removal	88.5 %
Design P removal	NA %
Design N removal	NA %
Other _____	NA %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? ✓ Yes ____ No

d. Does the treatment plant have post aeration? ✓ Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.68	s.u.			
pH (Maximum)	7.85	s.u.			
Flow Rate	0.0110	MGD	0.0036	MGD	12
Temperature (Winter)	16.4	Degree Celsius	15.9	Degree Celsius	3
Temperature (Summer)	26.1	Degrees Celsiu	25.8	Degrees Celsiu	3

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	11	mg/L	3.7	mg/L	12	SM-5210-B	2
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		3	N/CML	1.2	N/CML	12	Colileert-18	1 E. coli
TOTAL SUSPENDED SOLIDS (TSS)		6	mg/L	3.6	mg/L	12	SM-2540-D	1

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
One Stop Trailer Park VA0074934

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Gurcharan S. Lail, Owner

Signature: 

Telephone number: (703) 777-2446

Date signed: 06/01/2012

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

One Stop Trailer Park, Lucketts, VA
VA0074934
Data Used in Form 2A, Questions A.6 Flow Data

	Month	Average Monthly Flow (MGD)	Maximum Monthly Flow (MGD)
Three Years Ago	May-09	No Flow, Plant Shut Down	No Flow, Plant Shut Down
	June-09		
	July-09		
	August-09		
	September-09		
	October-09		
	November-09		
	December-09		
	January-10	0.0026	0.0096
	February-10	0.0028	0.0058
	March-10	0.0024	0.0104
	April-10	0.002	0.0034
Two Years Ago	May-10	0.0019	0.0067
	June-10	0.0024	0.0062
	July-10	0.0022	0.0036
	August-10	0.0019	0.0058
	September-10	0.0014	0.0040
	October-10	0.0012	0.0027
	November-10	0.0014	0.0033
	December-10	0.0016	0.0034
	January-11	0.0020	0.0046
	February-11	0.0016	0.0038
	March-11	0.0023	0.0087
	April-11	0.0026	0.0138
Last Year	May-11	0.0014	0.0031
	June-11	0.0032	0.0079
	July-11	0.0030	0.0085
	August-11	0.0024	0.0071
	September-11	0.0022	0.0042
	October-11	0.0031	0.0088
	November-11	0.0033	0.0079
	December-11	0.0036	0.0064
	January-12	0.0031	0.0068
	February-12	0.003	0.0047
	March-12	0.0028	0.0147
	April-12	0.0029	0.0051
Last Year Avg. and Max		0.0028	0.0071
Two Years Ago Avg. and Max.		0.0019	0.0056
Three Years Ago Avg.and Max.		0.0025	0.0073

Note: Data from DMR for month shown

One Stop Trailer Park, Lucketts, VA
VA0074934
Data Used in Form 2A, Question A.12. Effluent Testing Information

Sample Date	Flow (MGD)	pH	Winter Temperature (°C)	Summer Temperature (°C)	BOD_5 (mg/L)	E. Coli (N/CML)	TSS (mg/L)
5/4/2011	0.0010	6.80			2	3	3
6/22/2011	0.0050	7.30		26.1	7		4
7/6/2011	0.0021	7.02		25.9	<2	<1	3
8/10/2011	0.0029	7.26		25.3	6		5
9/14/2011	0.0023	7.82			2		3
10/12/2011	0.0032	6.68			3	<1	4
11/15/2011	0.0045	7.21			11		6
12/5/2011	0.0018	7.07	15.6		3		3
1/5/2012	0.0058	7.85	16.4		3		2
2/7/2012	0.011	7.43	15.7		5	<1	6
3/13/2012	0.0030	7.75			6		5
4/12/2012	0.0025	7.72			6	3	3
Average	0.0038		15.9	25.8	3.7	1.6	3.9
Maximum	0.0110	7.85	16.4	26.1	11	3	6
Minimum	0.0010	6.68			<2	<1	2

Note: Flow, pH, BOD_5, E. coli, and TSS from DMRs and benchsheets previously submitted.
Temperatures from operator benchsheets for the sample dates noted.
BOD_5 data shows MDL as reported by lab and is reported below the DEQ QL of 5 mg/L shown on DMRs and benchsheets.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Mr. Gurcharan S. Lail

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** PIN 179-40-3590-000 Map No. /20/////////18C

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average effluent flow of this facility?** 0.0062 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
One Stop Trailer Park and gas station /convenience store.

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 18

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

X Permanent stream, never dry

___ Intermittent stream, usually flowing, sometimes dry

___ Ephemeral stream, wet-weather flow, often dry

___ Effluent-dependent stream, usually or always dry without effluent flow

___ Lake or pond at or below the discharge point

___ Other:

9. **Approval Date(s):**
O & M Manual 09/03/10 (addendum) **Sludge/Solids Management Plan** N/A

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

FACILITY NAME: One Stop Trailer Park VPDES PERMIT NUMBER: VA0074934

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ✓ Yes ___ No

   Will this facility derive a material from sewage sludge? ___ Yes ✓ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ___ Yes ✓ No

   Will sewage sludge from this facility be applied to the land? ✓ Yes ___ No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   ___ Yes ✓ No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ___ Yes ✓ No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ✓ Yes ___ No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ___ Yes ✓ No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: One Stop Trailer Park
   b. Contact person: Gurcharan S. Lail
      Title: President
      Phone: ( ) 703 777-2466
   c. Mailing address:
      Street or P.O. Box: 14425 James Monroe Highway
      City or Town: Leesburg State: VA Zip: 20175
   d. Facility location:
      Street or Route #: 14425 James Monroe Highway
      County: Loudoun
      City or Town: Leesburg State: VA Zip: 20175
   e. Is this facility a Class I sludge management facility? ___Yes ✓ No
   f. Facility design flow rate: 0.0062 mgd
   g. Total population served: 30
   h. Indicate the type of facility:
      ___ Publicly owned treatment works (POTW)
      ✓ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: _____
   b. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   c. Contact person: _____
      Title: _____
      Phone: ( ) _____
   d. Is the applicant the owner or operator (or both) of this facility?
      ✓ owner ✓ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      ____ facility ✓ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0074934
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes ✓ No If yes, describe:

_____

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ✓ Yes ___ No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name: Sterling Septic and Sewer, Inc.
   Mailing address:
   Street or P.O. Box: 403 Norall Ave
   City or Town: Sterling State: VA Zip: 20164
   Phone: ( ) (703) 930-7062
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

   ✓ Section A (General Information)
   ✓ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
   ___ Section C (Land Application of Bulk Sewage Sludge)
   ___ Section D (Surface Disposal)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Mr. Gurcharan S. Lail, President

Signature _____ Date Signed 06/01/2012

Telephone number 703 999 7748

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 1.0 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name: N/A
   b. Contact Person: _____
      Title: _____
      Phone ( ) _____
   c. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   d. Facility Address: _____
      (not P.O. Box) _____
   e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A ___Class B ✓ Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Secondary under aeration.
   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      ✓ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: None
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: None

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

__Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: Broad Run Water Reclamation Facility

b. Facility contact: Robert Canham
Title: Chief Operator
Phone: ( ) 571 291-7823

c. Mailing address:
Street or P.O. Box: P.O. Box 4000
City or Town: Ashburn State: VA Zip: 20147

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 1.3 dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VA0091383	VPDES

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ✓Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__Class A __Class B __Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:_____

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ✓Yes __No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
__ Option 1 (Minimum 38 percent reduction in volatile solids)
__ Option 2 (Anaerobic process, with bench-scale demonstration)
__ Option 3 (Aerobic process, with bench-scale demonstration)
__ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
__ Option 5 (Aerobic processes plus raised temperature)
__ Option 6 (Raise pH to 12 and retain at 11.5)
__ Option 7 (75 percent solids with no unstabilized solids)
__ Option 8 (90 percent solids with unstabilized solids)
__ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:_____

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
✓Yes __No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
Blending

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ___Yes ___No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ✓ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Sludge will be transported Monday through Friday from 9:00 am to 4:00 am.

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____
Title: _____
Phone: ( )_____
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box:_____
City or Town:_____ State:_____ Zip:_____

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	_____
_____	_____

9. Incineration.
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____
Title: _____
Phone: ( )_____
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:_____
City or Town:_____ State:_____ Zip:_____

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	_____
_____	_____

10. Disposal in a Municipal Solid Waste Landfill.
(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: _____

b. Contact person: _____
Title: _____
Phone: ( )_____
Contact is: ___Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box:_____
City or Town:_____ State:_____ Zip:_____

d. Landfill location.
Street or Route #:_____
County: _____
City or Town: _____ State:_____ Zip:_____

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
_____	_____
_____	_____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? ___Yes ___No

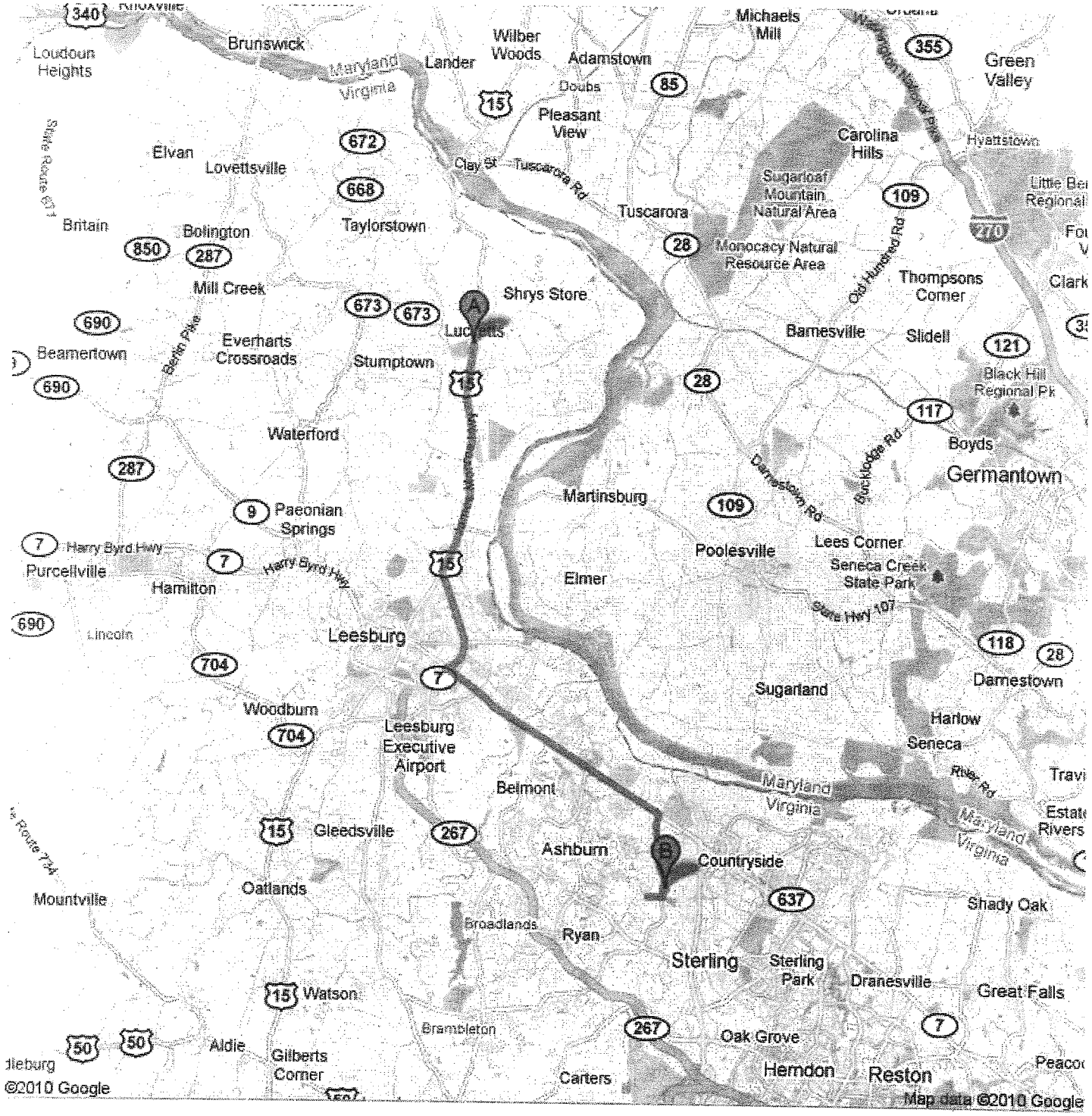
h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___Yes ___No

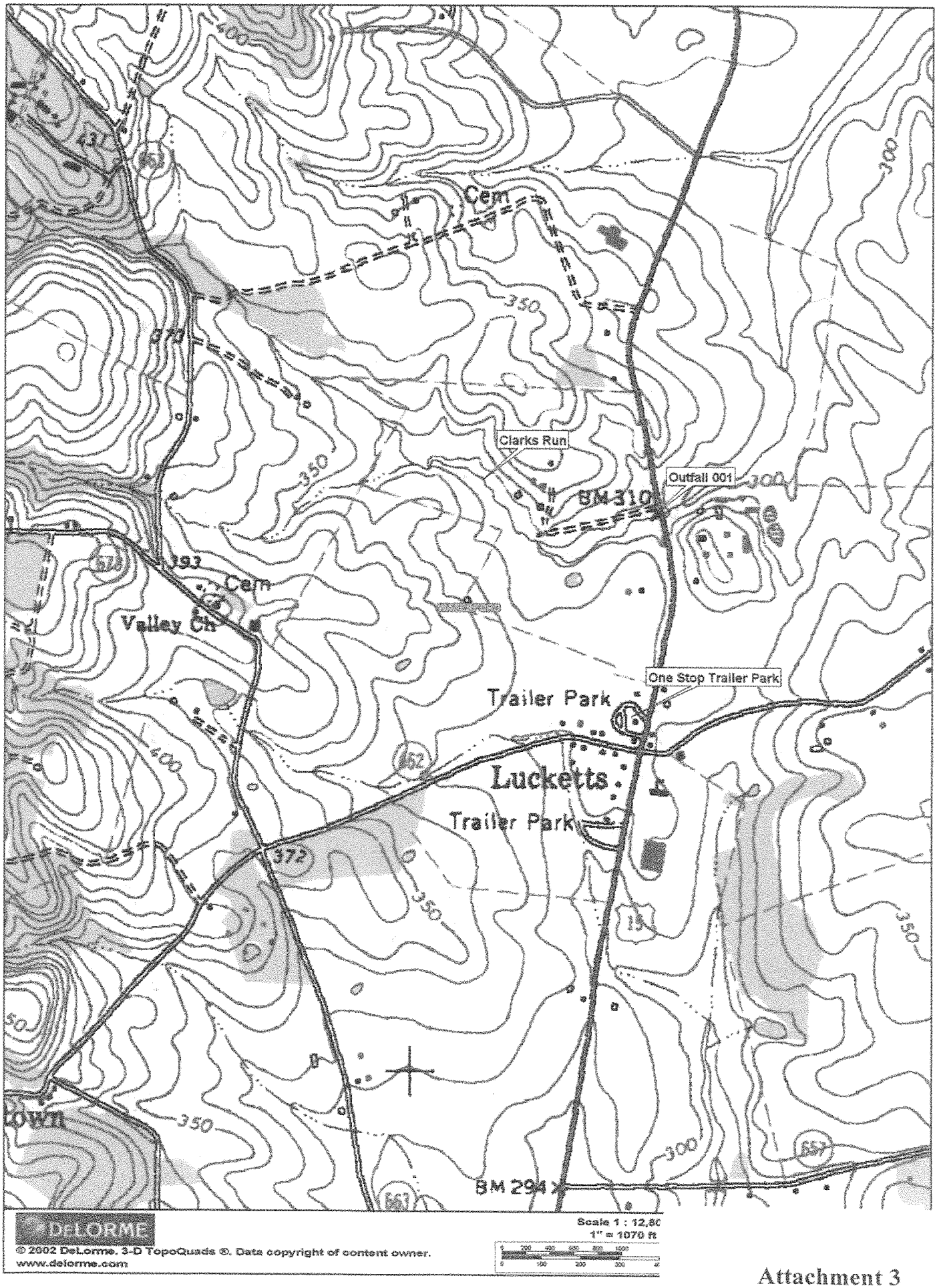
i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____
_____

One Stop Trailer Park

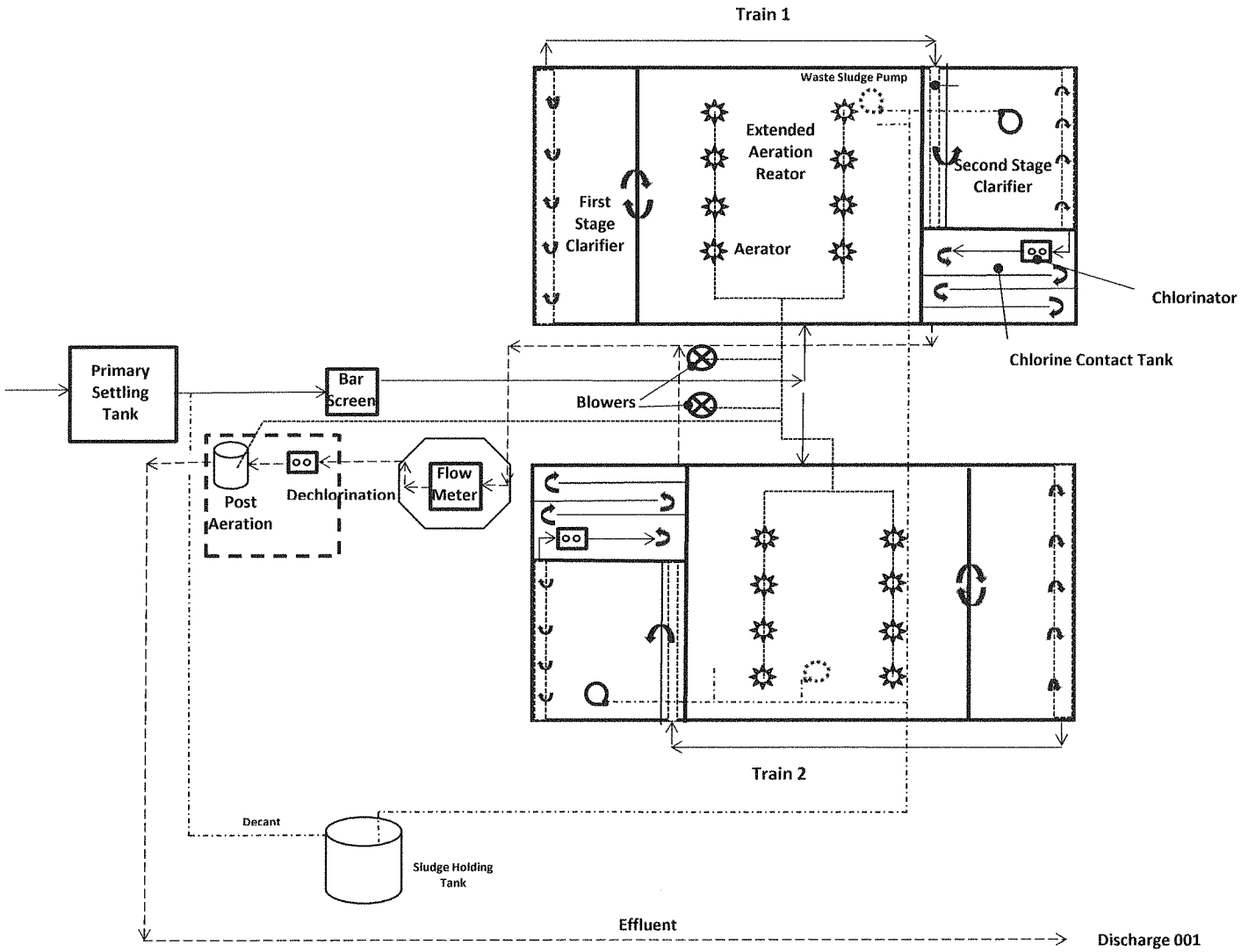
Sludge Haul Route

Figure 4





Attachment 3



One Stop Trailer Park
Process Schematic

Figure 1

Inboden Environmental Services, Inc.
IES
5790 Main Street
Mt. Jackson, VA 22842

(540) 477-3300
TOLL-FREE: (800) 648-1010
FAX: (540) 477-3360
WEB: www.4ies.com

February 23, 2012

Mr. Bob Canham
Plant Manager
Broad Run Water Reclamation Facility
P.O. Box 4000
Ashburn, VA 20146

Re: One Stop Trailer Park STP, VPDES Permit No. VA0074934

Dear Mr. Canham,

Inboden Environmental Services, Inc. (IES) is the contract operator of the One Stop Trailer Park Sewage Treatment Plant located in Lucketts, Virginia. This extended air package plant serves a maximum of 18 residential trailer homes and one convenience store and has a design flow rate of 0.0062 MGD. The VPDES permit for One Stop Trailer Park will be renewed this year and an updated Sludge Acceptance Letter from BRWRF is requested. As the One Stop Trailer Park is interested in continuing to have wasted sludge hauled to your wastewater treatment facility, IES would like to request a letter of sludge acceptance on their behalf.

The sludge to be hauled is wasted activated sludge that is stored in and an aerated holding tank. The liquid sludge delivered to your plant should be approximately 1 – 2 % solids by weight. The solids content can be controlled by wasting frequency and the degree of settling to meet your requirements. The annual amount of sludge to be transported by Five Star Septic of Reston, VA to BRWRF is estimated to be approximately 28,000 gallons (at 1% solids), or 1.0 dry metric tons. As each load hauled is usually less than 1,500 gallons, the frequency of disposal is estimated to be about twice per month.

Please send me your testing requirements, application or any other requirements to receive a letter of sludge acceptance.

Thank you for your assistance and if you have any questions please feel free to contact me at (540)-477-3300 Ext. 206.

Sincerely,

Arthur W. Nair, P.E.
Environmental Consultant
Inboden Environmental Services, Inc.

Cc: IES/One Stop Trailer Park

Art Nair

From: Art Nair [anair@4ies.com]
Sent: Wednesday, May 30, 2012 10:44 AM
To: 'Canham, Robert'
Subject: RE: One Stop Trailer Park VA0074934 Request for Sludge Acceptance
Attachments: 12D1013_1 level I 05 16 2012 1338.pdf; IES One Stop Sludge Report 052512.pdf

Mr. Canham,

The sludge analysis you requested is attached. Please advise if you need hard copy. We look forward to receiving a letter of sludge acceptance.

Thank you,

---Art Nair

From: Canham, Robert [mailto:RCanham@loudounwater.org]
Sent: Tuesday, March 06, 2012 5:55 PM
To: Art Nair
Cc: Rumke, Michael; Luckett, Kelley
Subject: RE: One Stop Trailer Park VA0074934 Request for Sludge Acceptance

Mr. Nair,

Likewise., I enjoyed our conversation regarding your contract operations of the One Stop Trailer Park in Lucketts.

We require the following be analytically run on new source wastewater residuals that have the potential to be discharged at our Broad Run Water Reclamation Facility (BRWRF) Septage Receiving Station (SRS):

Total Solids, (%)
Total Volatile Solids, (%)
Arsenic, mg/kg
Cadmium, mg/kg
Copper, mg/kg
Lead, mg/kg
Mercury, mg/kg
Molybdenum, mg/kg
Nickel, mg/kg
Selenium, mg/kg
Zinc, mg/kg

All samples must be collected and analyzed in accordance with approved EPA procedures. We currently use SM(20)2540G for solids, SW846 7471A for mercury and EPA6010B for all other sludge metals.
Our contract lab is Microbac in Baltimore and the contact person is Mark Horan at 410-633-1800.

We require the residuals analysis to have metals concentrations under the ceiling concentrations of Table 1 of 9 of 9-VAC 25-31-540.

Once we receive your results, we will consider acceptance into our BRWRF SRS as requested in your February 23, 2012 correspondence.

As I indicated in our conversation, we will require Sterling Septic to formally request acceptance of the One Stop Trailer Park Wastewater residuals into our BRWRF SRS. We have no record of this request to date.

Should you have any questions please phone me at the below number.

Robert A. Canham, Jr.
BRWRF Plant Manager
Loudoun Water
44961 Loudoun Water Way; P O Box 4000
Ashburn VA 20147
571.291.7823 | Fax 703.726.0684
www.loudounwater.org

From: Art Nair [mailto:anair@4ies.com]
Sent: Tuesday, March 06, 2012 3:18 PM
To: Canham, Robert
Subject: One Stop Trailer Park VA0074934 Request for Sludge Acceptance

Dear Mr. Canham,

It was a pleasure speaking to you this afternoon concerning sludge disposal for One Stop Trailer Park in Lucketts. I do want to formally correct one error in my letter to you for the sludge acceptance letter. Our current permit and O&M manual states that the facility will use Five Star Septic to haul sludge. I have been informed that the owner of the facility currently uses Sterling Septic to haul waste sludge for disposal. We wish to continue using Sterling Septic and I will list Sterling Septic in our VPDES permit reissuance application and O&M Manual.

I look forward to receiving your requirements for sludge testing.

Thank you,

---Art

Arthur W. Nair, PE Engineer
Inboden Environmental Services, Inc.
5790 Main Street
Mt. Jackson, VA 22842

(800) 648-1010 (toll free)
(540) 477-3300 x206 (local calls)
(540) 477-3360 (fax)
anair@4ies.com
4ies.com

Microbac Laboratories, Inc.
Baltimore Division
2101 Van Deman Street • Baltimore, MD 21224

Phone: 410-633-1800
Fax: 410-633-6553
www.microbac.com

COVER LETTER

Arthur W. Nair
Inboden Environmental Services, Inc.
5790 Main Street
Mt. Jackson, VA 22842

RE: Sludge

May 16, 2012
Report No.: 12D1013

The report of analyses contains test results for samples received at Microbac Laboratories, Inc., Baltimore Division on 04/26/2012 12:30.

The enclosed results were obtained from and applicable to the sample(s) as received at the laboratory. All sample results are reported on an "as received" basis unless otherwise noted.

All data included in this report has been reviewed and meet the applicable project and certification specific requirements, unless otherwise noted.

This report has been paginated in its entirety and shall not be reproduced except in full, without the written approval of Microbac Laboratories, Inc.

We appreciate the opportunity to service your analytical needs. If you have any questions, please feel free to contact us.

This Data Package contains the following:

- This Cover Page
- Sample Summary
- Test Results
- Notes and Definitions
- Cooler Receipt Log
- Chain of Custody

Final report reviewed by: Lewis B. Gunn III/Project Manager — 5/16/2012 Report issue date

All samples received in proper condition and results conform to ISO 17025 and TNI NELAC standards unless otherwise noted.

If we have not met or exceeded your expectations, please contact Mark Horan, Managing Director, at 410-633-1800 You may also contact Sean Hyde, Chief

Microbac Laboratories, Inc.

Baltimore Division

2101 Van Deman Street • Baltimore, MD 21224

Phone: 410-633-1800
Fax: 410-633-6553
www.microbac.com

CERTIFICATE OF ANALYSIS

Inboden Environmental Services, Inc.	Project: Sludge	Report: 12D1013
5790 Main Street	Project Number: Sludge	Reported: 05/16/2012 13:38
Mt. Jackson, VA 22842	Project Manager: Arthur W. Nair	

SAMPLE SUMMARY

Sample ID	Laboratory ID	Matrix	Type	Date Sampled	Date Received
Sludge	12D1013-01	Solid	Grab	04/25/2012 08:53	04/26/2012 12:30

Microbac Laboratories, Inc.
Baltimore Division
2101 Van Deman Street • Baltimore, MD 21224
Phone: 410-633-1800
Fax: 410-633-6553
www.microbac.com

CERTIFICATE OF ANALYSIS

Inboden Environmental Services, Inc.	Project: Sludge	Report: 12D1013
5790 Main Street	Project Number: Sludge	Reported: 05/16/2012 13:38
Mt. Jackson, VA 22842	Project Manager: Arthur W. Nair	

Sludge

12D1013-01 (Solid) Sampled: 04/25/2012 08:53; Type: Grab

Analyte	Result	Reporting Limit	Units	Prepared	Analyzed	Analyst	Method	Notes
Microbac Laboratories, Inc., Baltimore Division								
Wet Chemistry								
% Solids	**0.74**	0.05	% by Weight	043012 1225	050112 0803	LCR	SM (20) 2540G	
Volatile Solids, Total	**78.67**	0.05000	% by Weight	042812 0719	043012 1434	LCR	SM (20) 2540G	
Mercury, Total by EPA 7000 Series Methods								
Mercury	ND	3.3	mg/kg dry	050712 1046	050912 1501	APS	SW846 7471B	D
Metals, Total by EPA 6000/7000 Series Methods								
Arsenic	ND	140	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	
Cadmium	ND	14	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	
Copper	**320**	68	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	
Molybdenum	ND	140	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	
Nickel	ND	140	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	
Lead	ND	140	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	
Selenium	ND	140	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	
Zinc	**530**	68	mg/kg dry	050312 1550	050712 1524	APS	EPA 6010B	

Microbac Laboratories, Inc., Baltimore Division

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Lewis B. Gunn III, Project Manager

Original Lab Report

Microbac Laboratories, Inc.
Baltimore Division
2101 Van Deman Street • Baltimore, MD 21224

Phone: 410-633-1800
Fax: 410-633-6553
www.microbac.com

CERTIFICATE OF ANALYSIS

Inboden Environmental Services, Inc.	Project: Sludge	Report: 12D1013
5790 Main Street	Project Number: Sludge	Reported: 05/16/2012 13:38
Mt. Jackson, VA 22842	Project Manager: Arthur W. Nair	

Certifications

Below is a list of certifications maintained by Microbac Laboratories, Inc. All data included in this report has been reviewed for and meets all project specific and quality control requirements of the applicable accreditation, unless otherwise noted. A complete list of individual analytes pursuant to each certification below is available upon request.

Lab #	Description	Certification Number	Expires
Microbac Laboratories, Inc., Baltimore Division			
A2LA1	A2LA (Biology)	410.02	04/30/2013
A2LA2	A2LA (Environmental)	410.01	04/30/2013
VA915	Commonwealth of Virginia (NELAC)	460170	06/30/2012
CPSC	CPSC Testing of Childrens Products and Jewelry	1115	04/30/2013
Pb	Environmental Lead (ELLAP)	410.01	04/30/2013
NJ	New Jersey	NLC120001	06/30/2012
MD	State of Maryland	109	06/30/2012
PA	State of Pennsylvania (NELAC)	68-00339	08/31/2012
USDA	US Department of Agriculture	P330-09-00021	02/19/2012
WV	West Virginia	054	08/31/2012
Microbac Laboratories, Inc., Richmond Division			
VA913	Commonwealth of Virginia (NELAC)	460022	06/30/2012

Microbac®

Microbac Laboratories, Inc.

Baltimore Division

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Phone: 410-633-1800
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www.microbac.com

CERTIFICATE OF ANALYSIS

Inboden Environmental Services, Inc.	Project: Sludge	Report: 12D1013
5790 Main Street	Project Number: Sludge	Reported: 05/16/2012 13:38
Mt. Jackson, VA 22842	Project Manager: Arthur W. Nair	

Notes and Definitions

V8	Target analyte detected in CCB at or above reporting limit. The analyte concentration was below the reporting limit.
V4	ICV recovery was above acceptance limits. The concentration was below the reporting limit.
R3	Sample Duplicate RPD was out of acceptance limits. The result concentration was within 5 times the reporting limit and the difference was less than the reporting limit.
R1	Sample Duplicate RPD was out of acceptance limits.
M1	The matrix spike recovery was out of acceptance limits. The post digestion spike recovery was acceptable.
D	Sample Diluted
B3	Target analyte detected in method blank at or above reporting limit. The analyte concentration was below the reporting limit.
DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the reporting limit
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference

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Phone: 410-633-1800
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Cooler Receipt Log

Cooler ID: Default Cooler **Cooler Temp:** 2.80 °C **Work Order:** 12D1013

Custody Seals Intact:	Yes	COC/Containers Agree:	Yes
Containers Intact:	Yes	Correct Preservation:	Yes
Received On Ice:	Yes	Correct Number of Containers Received:	Yes
Radiation Scan Acceptable:	Yes	Sufficient Sample Volume for Testing:	Yes
COC Present:	Yes	Samples Received in Proper Condition:	Yes

Comments:

Microbac Laboratories, Inc.
Baltimore Division
2101 Van Deman Street • Baltimore, MD 21224
Phone: 410-633-1800
Fax: 410-633-6553
www.microbac.com

CHAIN OF CUSTODY

12D1013

Client: **Inboden Environmental Services, Inc.**
Project: **Sludge**
Project Number: **Sludge**

Report To:
Arthur W. Nair
5790 Main Street
Mt. Jackson, VA 22842
Phone: (800) 648-1010

Invoice To:
Arthur W. Nair
5790 Main Street
Mt. Jackson, VA 22842
Phone :(800) 648-1010

Bottle order:
Prepared by: _____
Date Scheduled: Wed, 25 Apr, 12
See notes on last page

Client Sample ID: _____

Lab Sample ID: 12D1013-01
Matrix: Solid
Type: Grab
Sampled Date & Time: 04/25/12 - 08:53

Analysis	Method	Container	Hold
% Solid	SM (20) 2540G		28
Hg_Total	SW846 7471B		28
M_As_ICP	EPA 6010B		180
M_Cd_ICP	EPA 6010B		180
M_Cu_ICP	EPA 6010B		180
M_Mo_ICP	EPA 6010B		180
M_Ni_ICP	EPA 6010B		180
M_Pb_ICP	EPA 6010B		180
M_Se_ICP	EPA 6010B		180
M_Zn_ICP	EPA 6010B		180
TS	SM (18) 2540 G		7
TVS	SM (20) 2540G		28
		K-4oz Clear Glass WM	
Hg_Total	SW846 7471B		28
		K-4oz Clear Glass WM - Metals	
% Solid	SM (20) 2540G		28
Hg_Total	SW846 7471B		28
M_As_ICP	EPA 6010B		180
M_Cd_ICP	EPA 6010B		180
M_Cu_ICP	EPA 6010B		180
M_Mo_ICP	EPA 6010B		180
M_Ni_ICP	EPA 6010B		180
M_Pb_ICP	EPA 6010B		180
M_Se_ICP	EPA 6010B		180
M_Zn_ICP	EPA 6010B		180
TS	SM (18) 2540 G		7
TVS	SM (20) 2540G		28
		M-16oz Clear Glass WM	

Sampled by: TGuzman	Date/Time: 25 TG 04-25-12 08:53	Received by: 4-25-12
Printed Name: Tarsicio Guzman		Printed Name: Sandra L Flemings 16:30
Relinquished by: Sandra L Flemings	Date/Time:	Received by: Melanie Dunnigan
Printed Name: Sandra L Flemings Inboden	4-25-12 @ 16:30	Printed Name: MU
Relinquished by:	Date/Time:	Received by:
Printed Name:		Printed Name:

On Ice: (Yes) / No Rad Scan Acceptable: (Yes) / No Cooler Temp 2.8 Cooler Number: _____

Notes:

Inboden Environmental Services, Inc.
IES
Inboden Environmental Services, Inc.
5790 Main Street, Mt. Jackson, VA 22842

Analytical Report Form

Customer:	One Stop Trailer Park c/o One Stop 4780 Northwestern Pike	**Report Date:**	5/25/2012
		Batch ID:	
		Received Date:	4/25/2012
Contact:	Art Nair	**Sampler:**	Guzman, Tarsicio
Special Notes:	REVISED	**Sample Priority:**	Normal

Sample Location: WASTE SLUDGE
Sample ID Number: 1205111643
Sample Type: Grab - Sludge
Sample Date & Time: 4/25/2012 8:53 AM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Total Percent Solids	0.74	0.05	% by wt	2450G	5/2/2012	10:00	mil
Total Volatile Solids	79	0.05	% by wt	*SM-2540-G	4/30/2012	14:34	mil
Arsenic	< 140	140	mg/Kg	6010B	5/7/2012	15:24	mil
Cadmium	< 14	14	mg/Kg	6010B	5/7/2012	15:24	mil
Total Copper	320	68	mg/Kg	6010B	5/7/2012	15:24	mil
Total Lead	< 140	140	mg/Kg	6010B	5/7/2012	15:24	mil
Total Mercury	< 3.3	3.3	mg/Kg	7471B	5/7/2012	15:01	mil
Total Molybdenum	< 140	140	mg/Kg	6010B	5/7/2012	15:24	mil
Total Nickel	< 140	140	mg/Kg	6010B	5/7/2012	15:24	mil
Total Selenium	< 140	140	mg/Kg	6010B	5/7/2012	15:24	mil
Total Zinc	530	68	mg/Kg	6010B	5/7/2012	15:24	mil

Notes:

Analytes with an asterisk (*) present indicate NELAP accreditation. Analytes that have no asterisk(*) are not NELAP accredited.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

All the parameters were subcontracted to Microbac Laboratories (MIL).

Reviewed and approved for Inboden Environmental Services, Inc.

By: Shaun T. Mitchem Date: MAY 25 2012

Shaun T. Mitchem, Laboratory Director

540-477-3300 • 1-800-648-1010 • Fax 540-477-3360
email: frontdesk@4ies.com
NELAP Accredited DCLS VA Laboratory ID# 460024

Inboden Environmental Services, Inc.
IES

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FAX: (540) 477-3360
WEB: www.4ies.com

February 23, 2012

Mr. Bob Canham
Plant Manager
Broad Run Water Reclamation Facility
P.O. Box 4000
Ashburn, VA 20146

Re: Sludge that you receive from the One Stop Trailer Park STP, VPDES Permit No. VA0074934

Dear Mr. Canham:

To be in compliance with the VPDES Permit Regulation (9 VAC 25-31-530 G) I am required to notify you that in treating and disposing of our sewage sludge you must comply with the VPDES Permit Regulation Part VI, Subpart B – Land Application.

Should you have any questions on this matter please contact the Valley Regional Office of the Department of Environmental Quality.

Sincerely,

Arthur W. Nair, P.E.
Environmental Consultant
Inboden Environmental Services, Inc.

Cc: IES/One Stop Trailer Park